

# CPO VERIFICATION CHECKLIST FOR ARMY-SPONSORED TRAINING APPLICATION

(Proponent of this form is INSCOM (IAPER))

This form will be used by the CPO to provide and verify information needed to make selections for Army-sponsored training. This form should be completed by a CPO representative and attached to the front of each nomination package.

1. NAME (Last, First, MI):

2. SCHOOL OR PROGRAM:

Please provide the following information on each nominee, as appropriate.

3. Complete on ALL nominees:

a. Does nominee meet eligibility requirements as stated in the training announcement? Yes ☐ No ☐

b. If nominee has a pending personnel action which will result in a change of position, describe action, date and pending change.

c. If nominee is now occupying an overseas position, give date of overseas assignment and projected rotation date.

d. If nominee has previously participated in Army-sponsored training, state program and inclusive dates.

4. Complete ONLY for non-Government training programs:

a. If selected, will nominee meet the requirements for minimum continued service after completion of the training? Yes ☐ No ☐  
If no, appropriate waivers must be attached.

b. If selected, will nominee meet the restriction of not exceeding one year of training in a 10 year period. Yes ☐ No ☐  
If no, appropriate waivers must be attached.

c. Does this training meet the criteria set by OPM for selection of non-Government training facilities?

If no, please explain.      Yes    —      No    —

**5. Please review each application package to assure that the following material and forms have been provided in accordance with the Matrix at APPENDIX A and that the forms have been completed and are arranged in the order listed below. Please place a check mark by each item contained in the application package. Enter N/A as appropriate.**

\_\_\_\_\_ **Appropriate Endorsements.** (Installation -> MSC -> MACOM) (MACOM endorsement must address the Command's ability/inability to support the nomination if salary/benefits are not reimbursed (applicable to LTT over 120 days.))

\_\_\_\_\_ **Applicant Form.**

\_\_\_\_\_ **Supervisory Rating Form.**

\_\_\_\_\_ **Functional Review Form.**

\_\_\_\_\_ **Supplemental Application Questionnaire.**

\_\_\_\_\_ **Civilian Qualification Record.** (DA Form 2302) Current information, signature, and date.

\_\_\_\_\_ **Performance Rating.** Copies of three most recent ratings or statement of explanation from applicant if three are not available. CPO representative must verify and sign sheet.

\_\_\_\_\_ **Race and National Origin Identification Form.** (SF-181)

\_\_\_\_\_ **Request for Central Resource Support - Civilian Training.**  
(TAPC Form 26-R).

**Nominations for the Secretary of the Army Research and Study Fellowship will be prepared in accordance with AR 690-410, Subchapter 13. In addition, applicant must complete forms as shown in Appendix A Matrix.**

NAME/TITLE OF CERTIFYING OFFICIAL:	ACTIVITY ADDRESS/PHONE NUMBER:
SIGNATURE:	DATE: